## FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

	For All Additionized Committee	Office Use Only
	E FEC MAILING LABEL TYPE OR PRINT   Example:If typin over the lines	g, type
Friends of Lois Capps		
ADDRESS (number and street)	PO Box 23940	
Check if different		
than previously reported. (ACC)	Santa Barbara	CA 93121
2. FEC IDENTIFICATION NUMBE	R ♥ CITY ▲	STATE ▲ ZIP CODE ▲ STATE ▼ DISTRIC
C00331389	3. IS THIS X N REPORT X (N	EW AMENDED
(a) Quarterly Reports:  April 15 Quarterly Reports	Conventio	2P) General (12G) Runoff (12R)
July 15 Quarterly Repo	0.6	0 6 2 0 0 6 in the State of
January 31 Year-End F	deport (YE) (c) 30-Day <b>POST</b> -Election F	Report for the:
Termination Report (Ti	General (3 Election on	Runoff (30R)  Special (30S)  in the State of
5. Covering Period 0 4	0 1 2 0 0 6 through	h 05 17 2006
I certify that I have examined this Rep Type or Print Name of Treasurer	ort and to the best of my knowledge and belief it  David Powdrell	is true, correct and complete.
Signature of Treasurer Electronica	lly Filed by David Powdrell	Date 0 5 2 5 2 0 0 6
NOTE : Submission of false, erroneou	is, or incomplete information may subject the pe	erson signing this Report to the penalties of 2 U.S.C 437g.
Office Use		FEC FORM 3 (Revised 02/2003)

## Image# 26930156569

## **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Friends of Lois Capps D 1 7 0.5 2006 0 4 0.1 2006 Report Covering the Period: From: To: **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 500091.80 33780.00 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 250.00 2250.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 33530.00 497841.80 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 41991.75 385124.88 (from Line 17)..... (b) Total Offsets to Operating 0.00 19400.82 Expenditures (from Line 14)..... (c) Net Operating Expenditures 41991.75 365724.06 (subtract Line 7(b) from Line 7(a))...... Cash on Hand at Close of 438662.13 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 135500.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D).....

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3 (Revised 02/2003)

## **DETAILED SUMMARY PAGE**

of Receipts

Page 3

Write or Type Committee Name Friends of Lois Capps 1 7 Report Covering the Period: 0 4 2006 05 2006 0 1 From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 4395.00 173365.00 (i) Itemized (use Schedule A)..... 1885.00 85227.05 (ii) Unitemized..... (iii) TOTAL of contributions 6280.00 258592.05 from individuals..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 27500.00 241499.75 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 33780.00 500091.80 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 19400.82 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 2500.00 37989.67 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 36280.00 557482.29

FEC Form 3 (Revised 02/2003)

## **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	41991.75	385124.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:  (a) Of Loans Made or Guaranteed  by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	250.00	2250.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	250.00	2250.00
21. OTHER DISBURSEMENTS	5600.00	130903.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21)	47841.75	518277.88
III. CASH SUM	MARY	
23. CASH ON HAND AT BEGINNING OF REPORTIF	NG PERIOD	450223.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16,	page3)	36280.00
25. SUBTOTAL (add Line 23 and Line 24)		486503.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from	Line 22)	47841.75
27. CASH ON HAND AT CLOSE OF REPORTING P	ERIOD	438662.13

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 37 (check only one)  X 11a 11b 11c 11d 12 13a 13b 14 15
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Friends of Lois Capps			
۷.	Full Name (Last, First, Middle Initial) Patricia Bennett  Mailing Address 3775 Modoc #279			Date of Receipt
				05 06 2006
	City Santa Barbara	State CA	Zip Code 93105	Transaction ID: SA11A1.29468  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	95105	100.00
	Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
	Receipt For: 2006  X Primary General  Other (specify) ▼	Election C	Sycle-to-Date ▼ 300.00	Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Nancy Edebo Mailing Address 516 Braemar Ranch La	Date of Receipt		
		04 22 2006		
	City Santa Barbara	State CA	Zip Code	Transaction ID: SA11A1.29489
	FEC ID number of contributing federal political committee.	C	93109	Amount of Each Receipt this Period  500.00
	Name of Employer	Occupatio Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 2000.00	Speciality (2 5.5.5. 441a(ii)/441a 1)
).	Full Name (Last, First, Middle Initial) Harry Q. Johnson			Date of Receipt
	Mailing Address 4777 Viejo Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Santa Barbara	State CA	Zip Code 93110	Transaction ID: SA11A1.29435
	FEC ID number of contributing federal political committee.	C	93110	Amount of Each Receipt this Period  25.00
	Name of Employer self employed	Occupatio Insuranc	Limit Increased Due to Opponent's	
	Receipt For: 2006  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 400.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			625.00
т.	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6/3/	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
IT LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 11d	
Any information copied from such Reports and St	totomonto mov	not be cold or used by any perce	12 13a 13b 14 15	
or for commercial purposes, other than using the	name and add	rnot be sold of used by any persolaress of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Friends of Lois Capps				
/				
Full Name (Last, First, Middle Initial) <b>1.</b> Harry Q. Johnson			Date of Receipt	
Mailing Address 4777 Viejo Drive			M M / D D / Y Y Y Y	
Maning / Red 1000 4/1/ Viejo Dilve			05 06 2006	
City	State	Zip Code	Transaction ID: SA11A1.29473	
Santa Barbara	CA	93110	Amount of Each Receipt this Period	
FEC ID number of contributing	С		25.00	
federal political committee.			20.00	
Name of Employer self employed	Occupation	1	7	
self employed	Insurance	e Broker	Limit Increased Due to Opponent's	
Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
X Primary General		425.00		
☐ Other (specify) ▼	0 0	120.00		
Full Name (Last, First, Middle Initial)			+	
Harry Q. Johnson			Date of Receipt	
Mailing Address 4777 Viejo Drive			05 06 2006	
011				
City	State CA	Zip Code	Transaction ID: SA11A1.29474	
Santa Barbara	CA	93110	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Name of Employer self employed	Occupation		Limit Increased Due to Opposite	
	Insurance		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006  X Primary General	Election C	ycle-to-Date ▼		
Other (specify)		450.00		
			1	
Full Name (Last, First, Middle Initial)			B. (B. )	
C. Luis Lainer  Mailing Address 10788 Bellagio Boad			Date of Receipt	
Mailing Address 10788 Bellagio Road			04 03 2006	
City	State	Zip Code	Transaction ID: SA11A1.29503	
Los Angeles	CA	90077	Amount of Each Receipt this Period	
FEC ID number of contributing	С		500.00	
federal political committee.	C .		300.00	
Name of Employer Self	Name of Employer Occupation			
Self	Attorney		Limit Increased Due to Opponent's	
Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
X Primary General		500.00	1	
Other (specify) ▼		300.00		
SUBTOTAL of Receipts This Page (optional)			550.00	
TOTAL This Period (last page this line number of	only)	•		

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/37		
	EMIZED RECEIPTS		or each category of the	(check only one)		
•••	LIMIZED NEGEN 13		Detailed Summary Page	X   11a   11b   11c   11d   15   15   15   15   15   16   17   17   17   17   17   17   17		
Ar	y information copied from such Reports and	Statements may	not be sold or used by any perso			
or	for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	Friends of Lois Capps					
^	Full Name (Last, First, Middle Initial)			Date of Receipt		
A.	Armando Lopez  Mailing Address 750 W. Gonzales Roa	nd		M M / D D / Y Y Y Y		
	Suite 120			04 20 2006		
	City	State	Zip Code	Transaction ID: SA11A1.29434		
	Oxnard	CA	93036	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Plaza Development Partners	Occupation	n	7		
		Partner Continued	Visile to Date.	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2006  X Primary General	Election C	Cycle-to-Date ▼			
	Other (specify) ▼		1500.00			
_				•		
В.	Full Name (Last, First, Middle Initial) Jan Montgomery			Date of Receipt		
	Mailing Address 942 Via Fruteria Stree	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Transaction ID: SA11A1.29504			
	Santa Barbara	CA	93110	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1200.00		
	Name of Employer	Occupation	n	7		
		Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼	openium g (2 energy mag), mag m		
	Other (specify) ▼		4200.00			
_	Full Name (Last, First, Middle Initial)					
C.	Jane Rieffel			Date of Receipt		
	Mailing Address 721-A Mas Amigas			0 4 1 3 2 0 0 6		
	City	State	Zip Code	Transaction ID: SA11A1.29488		
	Santa Barbara	CA	93105	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	rederal political committee.					
	Name of Employer Occupation		n	Limit Ingressed Due to Conservate		
	Receipt For: 2006	Retired Flection C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General	Ligotion		1		
	Other (specify) ▼	0 0	500.00			
				1950.00		
S	UBTOTAL of Receipts This Page (optional) .			1950.00		
<sub>T</sub>	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/3/		
ITEMIZED RECEIPTS	or each category of the	(check only one)		
IT LIVIIZED RECEIP 13	Detailed Summary Page	X 11a 11b 11c 11d		
Any information copied from such Reports and Sta	ntamenta may not be cold or used by any perso	12 13a 13b 14 15		
or for commercial purposes, other than using the r	name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
Friends of Lois Capps				
/				
Full Name (Last, First, Middle Initial)  4. Edgar Smith		Date of Receipt		
Mailing Address PO Box 989		M M / D D / Y Y Y Y		
		04 20 2006		
City	State Zip Code	Transaction ID: SA11A1.29436		
Morro Bay	CA 93443-0989	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20.00		
Name of Employer	Occupation	╡		
	retired	Limit Increased Due to Opponent's		
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
X Primary General	255.00			
Other (specify) ▼	255.00			
Full Name (Last, First, Middle Initial)  3. Dave White		Date of Receipt		
Mailing Address P.O. Box 6045		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: SA11A1.29432		
Oxnard	CA 93031	Amount of Each Receipt this Period		
FEC ID number of contributing				
federal political committee.	C	500.00		
Name of Employer	Occupation	4		
Name of Employer Plaza Development Partners	Partner	Limit Increased Due to Opponent's		
Receipt For: 2006	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
X Primary General				
Other (specify) ▼	1500.00			
Full Name (Last, First, Middle Initial)  Frank White		Date of Receipt		
Mailing Address 2444 Monaco Dr.		M M / D D / Y Y Y Y		
		04 20 2006		
City	State Zip Code	Transaction ID: SA11A1.29433		
<u>Oxnard</u>	CA 93035	Amount of Each Receipt this Period		
FEC ID number of contributing	C	500.00		
federal political committee.				
Name of Employer	Name of Employer Occupation			
	realtor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Receipt For: 2006	Election Cycle-to-Date ▼	σρεπαπι <b>σ</b> (2 στοτοι τ τ α(τ), τ τ τ α τ )		
X Primary General Other (specify)	500.00			
Guidi (opcoing) •	0 0 0 0 0 0 0 0	'		
		1020.00		
SUBTOTAL of Receipts This Page (optional)	······	1020.00		
TOTAL This Period (last nage this line number of	only)			

FOR LINE NUMBER: PAGE 9/37 SCHEDULE A (FEC Form 3 ) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Lois Capps Full Name (Last, First, Middle Initial) Harold Williams Date of Receipt Mailing Address 6660 Happy Canyon Rd. 0.4 03 2006 City Zip Code State Transaction ID: SA11A1.29506 Santa Ynez CA 93460 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer J. Paul Getty Trust Occupation President Emeritus Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: Election Cycle-to-Date 2006 X Primary General 450.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	250.00
TOTAL This Period (last page this line number only)	<b>•</b>	4395.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 37 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Friends of Lois Capps			
Full Name (Last, First, Middle Initial)  AFLAC INCORPORATED POLITICAL ACTIO  Mailing Address WORLDWIDE HEA		FLACPAC	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COLUMBUS	State GA	Zip Code 31999	Transaction ID: SA11C.29454
FEC ID number of contributing federal political committee.		0034157	Amount of Each Receipt this Period  1000.00
Name of Employer  Receipt For: 2006  X Primary General  Other (specify) ▼	Occupation C	Cycle-to-Date ▼ 2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial)  AMALGAMATED TRANSIT UNION-COPE  Mailing Address 5025 WISCONSIN AVE. N.W.			Date of Receipt  0 4 0 3 2 0 0 6
City	State	Zip Code	Transaction ID: SA11C.29486
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period  1000.00
Name of Employer	Occupatio		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)  AMERICAN ACADEMY OF PHYSICIAN ASSI  Mailing Address 950 N WASHINGTO	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11C.29517
ALEXANDRIA FEC ID number of contributing federal political committee.	C CO	22314 0122499	Amount of Each Receipt this Period  1000.00
Name of Employer	lame of Employer Occupation		
Receipt For: 2006  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional	)		3000.00
TOTAL This Period (last page this line numb	per only)		

S(	CHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/3/
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	12 13a 13b 14 15
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\geq$	Friends of Lois Capps			_
۹.	Full Name (Last, First, Middle Initial) AMERICAN ASSOCIATION OF NURSE ANESTHE	TISTS SEPA	RATE SEGREGATED FUND (CRN	A-PACDate of Receipt
	Mailing Address 222 S PROSPECT AVEI C/O FINANCE DEPT		·	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11C.29452
	PARK RIDGE	IL	60068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0173153	1000.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼			5000.00	
3.	Full Name (Last, First, Middle Initial) AMERICAN OPTOMETRIC ASSOCIATION PAC			Date of Receipt
	Mailing Address 1505 Prince St. Ste. 300			05 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11C.29450
	Alexandria	VA 22314		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0024968	1000.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		3500.00	
— Э.	Full Name (Last, First, Middle Initial) ASSOCIATION OF TRIAL LAWYERS OF AMERICA	A POLITICAL	ACTION COMMITTEE (ATLA PAC)	Date of Receipt
	Mailing Address 1050 31st Street N.W.			05 17 2006
	City	State	Zip Code	Transaction ID: SA11C.29440
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0024521	3000.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
Receipt For: 2006 Electi		Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼		10000.00	
S	UBTOTAL of Receipts This Page (optional)			5000.00
т,	OTAL This Period (last page this line number on	ılv)		

SCHEDULE A (FEC ITEMIZED RECEIPT	S	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 37 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15
Any information copied from suc or for commercial purposes, oth	ch Reports and Statements may er than using the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Friends of Lois Capps	Full)		
Full Name (Last, First, Middl BLUE SHIELD OF CALIFORN Mailing Address 50 Beale	IA POLÍTICAL ACTION COMMIT	TEE .	Date of Receipt
18-109		7. 0.1.	05 17 2006
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID: SA11C.29438  Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	ng -	0340364	1000.00
Name of Employer	Occupation	n	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006  X Primary Gene Other (specify) ▼		cycle-to-Date ▼ 1000.00	Speriding (2 0.5.6. 441a(1)/441a-1)
Full Name (Last, First, Middl BROTHERHOOD OF LOCOM Mailing Address 1370 Or	OTIVE ENGINEERS AND TRAIN	MEN PAC FUND	Date of Receipt
		04 05 2006	
City Cleveland	State OH	Zip Code 44113	Transaction ID: SA11C.29484  Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	na	0099234	2500.00
Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006  X Primary Gene  Other (specify) ▼		cycle-to-Date ▼ 2500.00	
Full Name (Last, First, Middl DOW LOHNES POLITICAL AC			Date of Receipt
Suite 80		05 09 2006	
City Washington	State DC	Zip Code 20036	Transaction ID: SA11C.29519  Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	C CO	0346189	1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's	
Receipt For: 2006  X Primary Gene Other (specify) ▼		Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This R	Page (optional)		4500.00
TOTAL This Period (last page	this line number only)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 13 / 37 (check only one)
			Detailed Summary Page	12 13a 13b 14 15
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Friends of Lois Capps			
Α.	Full Name (Last, First, Middle Initial) EMPLOYEES OF NORTHROP GRUMMAN COR		AC	Date of Receipt
	Mailing Address 520 S. GRAND AVE. S	05 04 2006		
	City	State	Zip Code	Transaction ID: SA11C.29456
	LOS ANGELES	CA	90071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0088591	1000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		4000.00	
В.	Full Name (Last, First, Middle Initial) ERNST & YOUNG POLITICAL ACTION COMMIT	Date of Receipt		
	Mailing Address 1225 Connecticut Ave.	05 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11C.29449
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00227744  Occupation  Election Cycle-to-Date ▼		1000.00
	Name of Employer			Limit Increased Due to Opponent's
	Receipt For: 2006			Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
<u></u>	Full Name (Last, First, Middle Initial) L-3 COMMUNICATIONS CORPORATION POLIT	ICAL ACTION	COMMITTEE	Date of Receipt
	Mailing Address 600 Third Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11C.29521
	New York	NY	10016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0338087	1000.00
	Name of Employer	Occupation		
	Receipt For: 2006	Floation C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006  X Primary General	Election		1
	Other (specify) ▼		2000.00	
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>	3000.00
T	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 37 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15
Ang or f	y information copied from such Reports and States or commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Friends of Lois Capps			
۹.	Full Name (Last, First, Middle Initial) MPP POLITICAL FUND Mailing Address PO BOX 77492 CAPITO	)		Date of Receipt
	PO BOX 77492 CAP			05 15 2006
	City WASHINGTON	State DC	Zip Code 20013	Transaction ID: SA11C.29515  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0000020	1000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) NATIONAL COMMITTEE TO PRESERVE SOCIAL Mailing Address 10 G Street NE Suite 6			Date of Receipt
		05 11 2006		
	City Washington	State DC	Zip Code 20002	Transaction ID: SA11C.29446  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0002597	1000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006  X Primary General  Other (specify)	Election C	Cycle-to-Date ▼ 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
Э.	Full Name (Last, First, Middle Initial) NATIONAL MULTI HOUSING COUNCIL POLITIC. Mailing Address 1850 M Street NW Suite		OMMITTEE	Date of Receipt
	City	State	Zip Code	0 4 2 7 2 0 0 6  Transaction ID: SA11C.29523
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0130773	5000.00
	Name of Employer	Occupation	Limit Increased Due to Opponent's	
	Receipt For: 2006  X Primary General Other (specify)	Election C	Cycle-to-Date ▼ 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SI	JBTOTAL of Receipts This Page (optional)			7000.00
TO	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3		)		FOR LINE NUMBER: PAGE 15/37				
	EMIZED RECEIPTS	′	Use separate schedule(s) or each category of the	(check only one)				
111	EMIZED RECEIPTS		Detailed Summary Page	11a 11b X 11c 11d				
Δ	information and information Bounds	1.01-1		12 13a 13b 14 15				
or f	or commercial purposes, other than using	the name and add	rnot be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
\	NAME OF COMMITTEE (In Full)							
	Friends of Lois Capps							
_	Full Name (Last, First, Middle Initial) PHYSICAL THERAPY PAC			Date of Receipt				
ı	Mailing Address 1111 North Fairfax	Street		05 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
(	City	State	Zip Code	Transaction ID: SA11C.29441				
_	Alexandria	VA	22314	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0012880	1000.00				
ī	Name of Employer	Occupation	1	Limit Increased Due to Opponent's				
i	Receipt For: 2006	Flection C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)				
,	X Primary General	Election	·	7				
	Other (specify) ▼		5000.00					
	Full Name (Last, First, Middle Initial) RAYTHEON COMPANY POLITICAL ACTION	I COMMITTEE		Date of Receipt				
I	Mailing Address 1100 Wilson Boulev Suite 1500	/ard		05 15 2006				
(	City	State	Zip Code	Transaction ID: SA11C.29457				
4	Arlington	VA	22209	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0097568	1000.00				
ī	Name of Employer	Occupation	1	7				
_				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 441a(1)/441a-1)				
	X Primary General Other (specify) ▼		5000.00					
	Full Name (Last, First, Middle Initial) SIEMENS CORPORATION POLITICAL ACT	ION COMMITTEE		Date of Receipt				
Ī	Mailing Address 701 PENNSYLVAN SUITE 720	IA AVENUE NV	V	05 11 2006				
(	City	State	Zip Code	Transaction ID: SA11C.29447				
-	WASHINGTON	DC	20004	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0353797	1000.00				
ī	Name of Employer	Occupation	1	$\exists$				
_				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
l	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 441a(1)/441a-1)				
	X Primary General Other (specify) ▼	0 0	1000.00					
SU	IBTOTAL of Receipts This Page (optiona	l)		3000.00				
	OTAL This Period (last page this line numl	,	•					

PAGE 16/37 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Lois Capps Full Name (Last, First, Middle Initial) UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM) Date of Receipt Mailing Address 8000 EAST JEFFERSON 05 17 2006 City State Zip Code Transaction ID: SA11C.29443 **DETROIT** MI 48214 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C C00002840 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 4000.00 Other (specify) Full Name (Last, First, Middle Initial) B. WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOYEE PAC) Date of Receipt Mailing Address Sixth and Marquette 0.4 03 2006 SIXTH AND MARQUETTE City State Zip Code Transaction ID: SA11C.29482 **Minneapolis** MN 55479 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C C00034595 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2000.00
TOTAL This Period (last page this line number only)	<b>•</b>	27500.00

PAGE 17/37 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b X 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Lois Capps Full Name (Last, First, Middle Initial) Date of Receipt Jennifer Severance Mailing Address 1718 N. Harrison 0.4 07 2006 City State Zip Code Transaction ID: SA15.29428 Boise ID 83702 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 C federal political committee. loan repayment Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Severance Date of Receipt Mailing Address 1718 N. Harrison 0 5 02 2006 City Transaction ID: SA15.29429 State Zip Code Boise ID 83702 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. loan repayment Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 1250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	2500.00

91	CHEDIII E B /EEC Form 2	\			- 1 -		
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use seperate schedule(s)			-OR LINE check only	NUMBER: PAGE 18/37
			for each category of the Detailed Summary Page				X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports ar for commercial purposes, other than using						or the purpose of solicating contributions
$\vdash$	NAME OF COMMITTEE (In Full)						
$\rangle$	Friends of Lois Capps						
A.	Full Name (Last, First, Middle Initial) American Direct Mail						Transaction ID: SB17.29413 Date of Disbursement
	Mailing Address 908 N. Hollywood	d Way					$ \begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 1 & 0 \\ 0 & 1 & 0 \end{bmatrix} $ $ \begin{bmatrix} 0 & 1 & 0 \\ 0 & 2 & 0 & 0 & 6 \end{bmatrix} $
	City Burbank		tate CA	Zip Code 91505			Amount of Each Disbursement this Period
	Purpose of Disbursement mailing expense						Refund or Disposal of Excess
	Candidate Name					egory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		nent For: Primary Other (spe	2006 General			
	State: District:						
В.	Full Name (Last, First, Middle Initial) American Direct Mail						Transaction ID: SB17.29415 Date of Disbursement
	Mailing Address 908 N. Hollywood		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City Burbank		tate CA	Zip Code 91505			Amount of Each Disbursement this Period
	Purpose of Disbursement mailing expense						2579.89  Refund or Disposal of Excess
	Candidate Name					egory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		nent For: Primary Other (spe	2006 General			
	State: District:						
C.	Full Name (Last, First, Middle Initial) beall and burkhardt						Transaction ID: SB17.29388 Date of Disbursement
	Mailing Address 1114 State St Suite 200						$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix}$
	City Santa Barbara		tate CA	Zip Code 93101			Amount of Each Disbursement this Period
	Purpose of Disbursement				-	-	165.00
	legal consulting Candidate Name					egory/ ype	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		nent For: Primary Other (spe	2006 General	·		
	State: District:						
s	UBTOTAL of Disbursements This Page (	optional)				. •	4107.52

C/	CHEDITE B (EEC Form 2 )			1		
	CHEDULE B (FEC Form 3 )		e schedule(s)	FOR LINE (check only		PAGE 19/37
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			17 18 19a 20a 20b 20c	<u> </u>
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
$\rangle$	NAME OF COMMITTEE (In Full) Friends of Lois Capps					
Α.	Full Name (Last, First, Middle Initial) Bromwell Press				Transaction ID: SB17.	
	Mailing Address 6619-21 Harford Road				05 05 /	Ý ŽOÓ6Ý
			p Code 1214		Amount of Each Disburs	ement this Period
	Purpose of Disbursement printing expense		Г	•	Refund or Disposal of	894.40
	Candidate Name			Category/ Type	Contributions Require 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate X President	ment For: Primary [ Other (specify	2006 General			
	State: District:					
В.	Full Name (Last, First, Middle Initial) Lois Capps				<b>Transaction ID:</b> SB17.1 Date of Disbursement	29395
	Mailing Address 1724 Santa Barbara St.				$\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix}$	<sup>°</sup> 2006
	,		p Code 3101		Amount of Each Disburs	
	Purpose of Disbursement reimbursement		35.10  Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Require 11 C.F.R. 400.53	ed Under
	President	ment For: Primary Other (specify	2006 General			
	State: District:					
C.	Full Name (Last, First, Middle Initial) House Gift Shop				Transaction ID: SB17.	29395.0
	Mailing Address US House of Representat	ives			$\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix}$	<sup>°</sup> 2006
			p Code 0515		Amount of Each Disburs	sement this Period
	Purpose of Disbursement event supply		35.10  Refund or Disposal of Excess			
	Candidate Name	Category/ Type	Contributions Requirement 11 C.F.R. 400.53	ed Under		
	Office Sought: House Disburse Senate X President	ment For: Primary  Other (specify	2006 General		[MEMO ITEM]	
	State: District:		•			
s	UBTOTAL of Disbursements This Page (optional) .					929.50

Ŭ	20300130307							
	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schee for each category o Detailed Summary	f the	FOR LINE I (check only	one)			
	y Information copied from such Reports and Sta for commercial purposes, other than using the r				or the purpose of solicating contributions			
$\rangle$	NAME OF COMMITTEE (In Full) Friends of Lois Capps							
Α.	Full Name (Last, First, Middle Initial) Lois Capps  Mailing Address 1724 Santa Barbara S	St.			Transaction ID: SB17.29404 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Santa Barbara Purpose of Disbursement	State Zip Code CA 93101	e 		Amount of Each Disbursement this Period			
	reimbursement Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought:    House   Disb     Senate   President     State:   District:	ursement For: 200  X Primary Ge  Other (specify) ▼	6 neral					
В.	Full Name (Last, First, Middle Initial) House Gift Shop				Transaction ID: SB17.29404.0 Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address US House of Represe	ntatives State Zip Code			0 5 0 5 2 0 0 6  Amount of Each Disbursement this Period			
	Washington Purpose of Disbursement	DC 20515	, 		145.20			
	event supplies Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Senate President	xrsement For: 200  X Primary Ge Other (specify) ▼	6 neral		[MEMO ITEM]			
	State: District:							
C.	Full Name (Last, First, Middle Initial) Cox media				Transaction ID: SB17.29410 Date of Disbursement			
	Mailing Address 130 Robin Hill Road #	300			$\begin{bmatrix} 0.5 & M \\ 0.5 & M \end{bmatrix} / \begin{bmatrix} 0.1 & 0 \\ 1 & 0 \end{bmatrix} / \begin{bmatrix} 0.1 & 0 \\ 1 & 0 \end{bmatrix} / \begin{bmatrix} 0.1 & 0 \\ 1 & 0 \end{bmatrix} $			
	City Goleta	State Zip Code CA 93117	<del></del>		Amount of Each Disbursement this Period			
	Purpose of Disbursement ad buy  Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Senate President	x Primary Ge Other (specify)	6 neral	. ,,,,,				
_	State: District:							
٩	IIRTOTAL of Disbursements This Page (ontion				3545.20			

SUBTOTAL of Disbursements This Page (optional) .....

SCHEDULE B (FEC Form 3 )  ITEMIZED DISBURSEMENTS    Use seperate schedule(s) for each category of the Detailed Summary Page	
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating or or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or or commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or or commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or commercial purposes, other than using the name and address of any political committee to solicit contributions from such or or solicit contributions from such or or solicit contributions from such or or such or s	AGE 21 / 37
Friends of Lois Capps  Full Name (Last, First, Middle Initial)  A. Erickson and Company  Mailing Address 38 Ivy Street SE  City Washington Purpose of Disbursement fundraising consulting Candidate Name  Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial) B. Erickson and Company  Mailing Address 38 Ivy Street SE  City Washington  Disbursement For:  Other (specify)  Transaction ID: SB17.25  Date of Disbursement  Mailing Address  Senate Disbursement  Undraising consulting Candidate Name  Transaction ID: SB17.25  Date of Disbursement  Mailing Address  Senate Disbursement  Undraising consulting Category/ Type  Transaction ID: SB17.25  Date of Disbursement  Mailing Address  Senate Disbursement  Undraising consulting Candidate Name  Office Sought:  House Senate Disbursement For:  Senate President State: District:  Transaction ID: SB17.25  Date of Disbursement  Category/ Type  Transaction ID: SB17.25  Date of Disbursement  Indraising consulting Contributions Required  Transaction ID: SB17.25  Date of Disbursement  Indraising Consulting Contributions Required  Transaction ID: SB17.25  Date of Disbursement  Indraising Consulting  Category/ Type  Transaction ID: SB17.25  Date of Disbursement  Indraising Consulting  Category/ Type  Transaction ID: SB17.25  Date of Disbursement  Indraising Consulting  Transaction ID: SB17.25  Date of Disbursement	
A. Erickson and Company  Mailing Address 38 Ivy Street SE  City Washington DC 20003  Purpose of Disbursement fundraising consulting Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  B. Erickson and Company  Mailing Address 38 Ivy Street SE  City Washington Disbursement For:  Category/ Type  Amount of Each Disburser  Refund or Disposal of E Contributions Required 11 C.F.R. 400.53  Transaction ID: SB17.25 Date of Disbursement  M M M / D D D DC 20003  Purpose of Disbursement fundraising consulting Candidate Name  Office Sought: House Disbursement For: Category/ Type  Amount of Each Disburser  Amount of Each Disburser  Category/ Type  Amount of Each Disburser  Refund or Disposal of E Contributions Required 11 C.F.R. 400.53  Transaction ID: SB17.25 Category/ Type  Office Sought: House Disbursement For: Senate President State: District:  Transaction ID: SB17.25 Date of Disbursement  Contributions Required 11 C.F.R. 400.53  Transaction ID: SB17.25 Date of Disbursement  Contributions Required 11 C.F.R. 400.53	
City Washington Purpose of Disbursement fundraising consulting Candidate Name  Disbursement For: 2006 Senate President State: District:  Full Name (Last, First, Middle Initial) B. Erickson and Company  Mailing Address 38 Ivy Street SE  City Washington Purpose of Disbursement fundraising consulting Candidate Name  City Washington DC 20003  Purpose of Disbursement fundraising consulting Candidate Name  Office Sought: House Senate President Disbursement Fundraising consulting Candidate Name  Office Sought: House Senate President State: Disbursement fundraising consulting Candidate Name  Office Sought: House Senate President State: Disbursement For: 2006 X Primary General Other (specify) ▼  Transaction ID: SB17.29  Amount of Each Disbursement Category/ Type  Transaction ID: SB17.29  Amount of Each Disbursement Contributions Required 11 C.F.R. 400.53  Transaction ID: SB17.29  Amount of Each Disbursement Contributions Required 11 C.F.R. 400.53  Transaction ID: SB17.29  Date of Disbursement  Transaction ID: SB17.29  Date of Disbursement  Amount of Each Disbursement  Transaction ID: SB17.29  Date of Disbursement  Amount of Each Disbursement  Transaction ID: SB17.29  Date of Disbursement  Amount of Each Disbursement  Transaction ID: SB17.29  Date of Disbursement	9377 2 0 0 6
Purpose of Disbursement fundraising consulting Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) B. Erickson and Company  Mailing Address 38 Ivy Street SE  City Washington DC 20003  Purpose of Disbursement for: 2006 Washing consulting Candidate Name  Disbursement For: 2006  Category/ Type  Transaction ID: SB17.29  Date of Disbursement  M M M / D M /	
Office Sought: House Senate Senate President State: District:  Full Name (Last, First, Middle Initial) Erickson and Company  Mailing Address 38 Ivy Street SE  City State Zip Code Washington DC 20003  Purpose of Disbursement fundraising consulting Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Transaction ID: SB17.29  Amount of Each Disburser  Category/ Type  Category/ Type  Transaction ID: SB17.29  Contributions Required 11 C.F.R. 400.53  Transaction ID: SB17.29  Date of Disbursement Contributions Required 11 C.F.R. 400.53	
B. Erickson and Company  Mailing Address 38 Ivy Street SE  City State Zip Code Washington DC 20003  Purpose of Disbursement fundraising consulting  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Fairfax Mailing  President State: Disbursement For: 2006  State: District: Transaction ID: SB17.29  Date of Disbursement For: 2006  Date of Disbursement For: 2006  Transaction ID: SB17.29  Date of Disbursement For: 2006  Date of Disb	
City State Zip Code Washington DC 20003  Purpose of Disbursement fundraising consulting Candidate Name  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Fairfax Mailing  City State Zip Code Zip Code Candidate Name  Category/ Type  Category/ Type  Category/ Type  Disbursement For: 2006  X Primary General Other (specify)  Cother (specify)  Disbursement Category/ Type  Transaction ID: SB17.29  Date of Disbursement	9387 2 0 0 6
Washington  Purpose of Disbursement fundraising consulting  Candidate Name  Category/ Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For: 2006 Seneral Other (specify) ▼  Full Name (Last, First, Middle Initial)  Transaction ID: SB17.29 Date of Disbursement	
fundraising consulting  Candidate Name  Category/ Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Fairfax Mailing  Refund or Disposal of E Contributions Required 11 C.F.R. 400.53  Refund or Disposal of E Contributions Required 11 C.F.R. 400.53  Transaction ID: SB17.29  Date of Disbursement	ement this Period
Office Sought: House Senate Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Fairfax Mailing  Disbursement For: 2006  X Primary General Other (specify)   Other (specify)   Disbursement For: 2006  Transaction ID: SB17.29  Date of Disbursement	Excess
Full Name (Last, First, Middle Initial)  C. Fairfax Mailing  Transaction ID: SB17.29  Date of Disbursement	
C. Fairfax Mailing  Date of Disbursement	
Mailing Address 10807 Main Street Suite 200	
10007 Wall Street Suite 200	2006
City State Zip Code Amount of Each Disburser Fairfax VA 22030	ment this Period
Purpose of Disbursement mailing expense  Candidate Name  Refund or Disposal of E Contributions Required 11 C.F.R. 400.53	897.00 Excess d Under
Office Sought:  House Senate President  Disbursement For: 2006 X Primary General Other (specify)	
State: District:	

SUBTOTAL of Disbursements This Page (optional) .....

C/	CHEDIII E B /EEC Earm 2 \					
	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	FOR LINE (check only	E NUMBER: PAGE 22 / 37  lly one)			
	EMIZED DISBURSEMENTS		category of the Summary Page		X 17 18 19a 19b 20a 20b 20c 21	
	y Information copied from such Reports and Sta for commercial purposes, other than using the r					
	NAME OF COMMITTEE (In Full) Friends of Lois Capps					
Α.	Full Name (Last, First, Middle Initial) Jennifer Finley				Transaction ID: SB17.29364 Date of Disbursement	
	Mailing Address 222 W Anapamu #1				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O \\ Y & Z & O & O & O \end{bmatrix}$	
	City Santa Barbara	State CA	Zip Code 93101		Amount of Each Disbursement this Period	
	Purpose of Disbursement reimbursements			-	623.23  Refund or Disposal of Excess	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disbuter Senate President	ursement For:  X Primary Other (spe	2006 General			
	State: District:					
В.	Full Name (Last, First, Middle Initial) US Postmaster				<b>Transaction ID:</b> SB17.29364.1 Date of Disbursement	
	Mailing Address 800 Anacapa Street				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & 6 \end{smallmatrix} \end{bmatrix}$	
	City Santa Barbara	State CA	Zip Code 93101		Amount of Each Disbursement this Period	
	Purpose of Disbursement postage				3.72 Refund or Disposal of Excess	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disbusion Senate President	ursement For:  X Primary  Other (spe	2006 General		[MEMO ITEM]	
	State: District:		- <b>3</b> / <b>\</b>			
C.	Full Name (Last, First, Middle Initial) Staples				Transaction ID: SB17.29364.2 Date of Disbursement	
	Mailing Address PO Box 9020				$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&4&M\end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D&D&D\\0&1\end{smallmatrix}\end{bmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&6\end{smallmatrix}\end{bmatrix} $	
	City Des Moines	State IA	Zip Code 50368		Amount of Each Disbursement this Period	
	Purpose of Disbursement				4.29	
	event supplies Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disb	ursement For:  X Primary Other (spe	2006 General	і урс	[MEMO ITEM]	
	State: District:		- J/ ▼ 			
s	UBTOTAL of Disbursements This Page (option	nal)		<b>&gt;</b>	623.23	

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	CHEDULE B (FEC Form 3	Use sept	erate schedule(s)	FOR LINE (check onl	E NUMBER: PAGE 23/37			
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	y Information copied from such Reports and or commercial purposes, other than using							
$\setminus$	NAME OF COMMITTEE (In Full)							
/	Friends of Lois Capps							
	Full Name (Last, First, Middle Initial)				Transaction ID: SB17.29364.3			
Α.	Staples				Date of Disbursement			
	Mailing Address PO Box 9020				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$			
	City Des Moines	State IA	Zip Code 50368		Amount of Each Disbursement this Period			
	Purpose of Disbursement			•	11.84			
	event supplies Candidate Name		———— L	Category/	Refund or Disposal of Excess Contributions Required Under			
	Candidate Name		'	Type	11 C.F.R. 400.53			
	Office Sought: House	Disbursement For:	2006		[MEMO ITEM]			
	Senate	X Primary	General					
	State: President District:	Other (spe	ecify) 🔻					
	Full Name (Last, First, Middle Initial)				T ID OD47 00004 5			
В.	Kinkos				Transaction ID: SB17.29364.5 Date of Disbursement			
	Mallan Addison BO D. Toogra				04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address PO Box 530257		04 01 2000					
	City	State	Zip Code		Amount of Each Disbursement this Period			
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	Purpose of Disbursement copies				Refund or Disposal of Excess			
	Candidate Name		\ <b>_</b>	Category/	Contributions Required Under			
				Type	11 C.F.R. 400.53 [MEMO ITEM]			
		Disbursement For:	2006					
	Senate President	X Primary Other (spe	General					
	State: District:	Other (spe	ony) 🔻					
_	Full Name (Last, First, Middle Initial)				Transaction ID: SB17.29373			
C.	Jennifer Finley				Date of Disbursement			
	Mailing Address 222 W Anapamu	<b>#</b> 1			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & 2 & 0 & Q & G \end{bmatrix}$			
	City Santa Barbara	State CA	Zip Code 93101		Amount of Each Disbursement this Period			
	Purpose of Disbursement		00101		4500.00			
	management consulting				Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House	Disbursement For:	2006					
	Senate	X Primary	General					
	President	Other (spe	ecify) 🔻					
	State: District:							

SUBTOTAL of Disbursements This Page (optional) .....

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 24/37 Use seperate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Friends of Lois Capps Full Name (Last, First, Middle Initial) Transaction ID: SB17.29400 Jennifer Finley Date of Disbursement 0 1 0 5 2006 Mailing Address 222 W Anapamu #1 City State Zip Code Amount of Each Disbursement this Period Santa Barbara CA 93101 4500.00 Purpose of Disbursement management consulting Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2006 House X Primary Senate General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB17.29406 Jennifer Finley Date of Disbursement 05 0 5 2006 Mailing Address 222 W Anapamu #1 City State Zip Code Amount of Each Disbursement this Period Santa Barbara 93101 CA 234.00 Purpose of Disbursement reimbursement Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type 2006 Office Sought: House Disbursement For: Senate X Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB17.29406.0 C. US Postmaster Date of Disbursement 05 2006 Mailing Address 800 Anacapa Street City State Zip Code Amount of Each Disbursement this Period Santa Barbara CA 93101 234.00 Purpose of Disbursement postage Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type [MEMO ITEM] Office Sought: House Disbursement For: 2006 Senate X Primary General President Other (specify) State: District: 4734.00 SUBTOTAL of Disbursements This Page (optional) ...

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SCHEDULE B (FEC Form 3 )  Use seperate schedule(s)						_	IĖ NUMBE	ER:			PAGE	25 / 37
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		d from such Reports boses, other than usin										
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$\rangle$	Friends of Lois	` '										
_	Full Name (Last, F	irst, Middle Initial)					Trans	sacti	on ID	: SB1	7.2941	16
A.	Jeff Gordon						M	_	isburs			Y Y Y
	Mailing Address	4440 Nueces					0 5		1	1 2 ·	2	2006
	City Santa Barbara			State CA	Zip Code 93110		Amo	unt o	f Each	n Disb	ursemer	nt this Period
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В.	Full Name (Last, F KEYT	irst, Middle Initial)					Date	of D	isburs	emen		
	Mailing Address	PO Box 729					0 <sup>M</sup> 5	М	/ D	0	Y 2	2006
	City Santa Barbara			State CA	Zip Code 93102		Amo	unt o	f Each	Disb	ursemer	nt this Period
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	Office Sought:	House Senate President	Disburser X	nent For: Primary Other (spe	2006 General ecify) ▼							
	State:	District:										
C.	Full Name (Last, F Pacific Sun Pro	. ,					_		on ID:		7.2939 t	97
	Mailing Address 4141 State St.						0 <sup>M</sup> 4	М	<sup>/</sup> 2	2 8	Y 2	2006
	City State Zip Code Santa Barbara 93110						Amo	unt o	f Each	n Disb	ursemer	nt this Period
	Purpose of Disbursement ad production							ofun	d or D	ienos	al of Exc	3000.00
	Candidate Name					Category/ Type		ontri		s Req	uired Ui	
	Office Sought:	House	Disburser		2006							
		Senate		Primary	General							
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SCHEDULE B (FEC Form 3 )  ITEMIZED DISBURSEMENTS  Use seperate schedule(s) for each category of the						NUMBER: y one)	PAGE 26/37
11	EMIZED DISBURSEMENT		for each category of the Detailed Summary Page			X 17 18 20b	19a 19b 20c 21
	y Information copied from such Reports ar for commercial purposes, other than using						
	NAME OF COMMITTEE (In Full)						
$\rangle$	Friends of Lois Capps						
	Full Name (Last, First, Middle Initial)					Transaction ID:	SB17 29412
A.	Precision Printing					Date of Disburse	ment
	Mailing Address 14544 Keswick S	treet				05 1	0 2006
	City Van Nuys	Stat CA		Zip Code 91405		Amount of Each I	Disbursement this Period
	Purpose of Disbursement						5129.97
	mailing expense						sposal of Excess
	Candidate Name				Category/ Type	Contributions 11 C.F.R. 400	Required Under 0.53
	Office Sought: House Senate	Disbursemen X Pri	imary	2006 General			
	State: President  District:	Ot	her (spe	city)			
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В.	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust					Transaction ID: 5 Date of Disburse	ment
	Mailing Address 20 E. Carrillo Str		$\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 3 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$				
	City Santa Barbara	Stat CA		Zip Code 93101		Amount of Each I	Disbursement this Period
	Purpose of Disbursement credit card fee					Refund or Dis	363.34 sposal of Excess
	Candidate Name				Category/ Type		Required Under
	Office Sought: House	Disburseme		2006			
	Senate President	X Pri	her (spe	General cify) ▼			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust					Transaction ID: 5 Date of Disburse	
	Mailing Address 20 E. Carrillo Str		0 4 D 1	0 2006			
	City Santa Barbara	Stat CA		Zip Code 93101		Amount of Each I	Disbursement this Period
	Purpose of Disbursement						4.50
	Credit card fee Candidate Name		Category/ Type		sposal of Excess Required Under 0.53		
	Office Sought: House	Disburseme		2006			
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	y Information copied from such Reports and State for commercial purposes, other than using the nar			or the purpose of solicating contributions
	NAME OF COMMITTEE (In Full) Friends of Lois Capps			
Α.	Full Name (Last, First, Middle Initial) Santa Barbara Bank and Trust  Mailing Address 20 E. Carrillo Street			Transaction ID: SB17.29427 Date of Disbursement  O 4 M / D D D / Y Y Y O O 6
	City Santa Barbara Purpose of Disbursement	State Zip Code CA 93101		Amount of Each Disbursement this Period
	credit card fee Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	sement For: 2006  ( Primary General  Other (specify)		
	State: District:			
В.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.29374  Date of Disbursement
	Mailing Address PO Box 505820			
	City The Lakes	State Zip Code NV 88905		Amount of Each Disbursement this Period
	Purpose of Disbursement mailing expense	191.47  Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	ÿ	ement For: 2006  ✓ Primary General  Other (specify) ▼		
С.	Full Name (Last, First, Middle Initial) UPS			Transaction ID: SB17.29382 Date of Disbursement
	Mailing Address PO Box 505820			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O & G \\ Y & O & O & G \end{bmatrix}$
	City The Lakes	State Zip Code NV 88905		Amount of Each Disbursement this Period
	Purpose of Disbursement		28.97	
	mailing expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	° 🗎 I	sement For: 2006  ( Primary General Other (specify)	71 -	
_	State: District:			
s	UBTOTAL of Disbursements This Page (optional)	)		228.99

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$\setminus$	NAME OF COM	MITTEE (In Full)													
	Friends of Lois	Capps													
_	•	First, Middle Initial)						Trans	sacti	on ID	:SB	17.294	108		
A.	UPS							Date				nt			
	Mailing Address	PO Box 505820	ı					0 <sup>M</sup> 5	М	D (	5	/ L	ž 0	ŏ6	
	City The Lakes			State VV	Zip Code 88905			Amou	unt of	Each	n Disl	ourseme			-
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	Full Name (Last,	First, Middle Initial)						Trans	sacti	on ID	·SB	17.293	 160		
В.	Verizon CA							Date			_		,00		
	Mailing Address PO Box 30001						$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$								
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		Senate	X	Primary	General										
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C.	Verizon CA	First, Middle Iriitiai)						Trans Date			_	17.293 nt	372		
								0 <sup>M</sup> 4			) 1	/ Y	Ϋ́	ó 6	1
	Mailing Address	PO Box 30001						0 4			) 1	L.	20	06	
	City			State	Zip Code			Amou	unt of	Each	n Disl	ourseme	ent t	his Pe	riod
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	Candidate Name					ory/	C	ontril	oution R. 4	s Re	quired l	Jnde	er		
	Office Sought:	House	Disburser	ment For:	2006										
		Senate	X	Primary	General										
	Chata	President		Other (spe	ecity)										
	State:	District:													

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	y Information copied from such Reports for commercial purposes, other than usin					or the purpose of solicating contributions licit contributions from such committee
$\setminus$	NAME OF COMMITTEE (In Full)					
	Friends of Lois Capps					
A.	Full Name (Last, First, Middle Initial) Verizon CA					Transaction ID: SB17.29389 Date of Disbursement
	Mailing Address PO Box 30001					$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix} $
	City Inglewood		State CA	Zip Code 90313		Amount of Each Disbursement this Period
	Purpose of Disbursement utilities					39.40 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser X	ment For: Primary Other (spe	2006 General		
	State: District:					
	Full Name (Last, First, Middle Initial)					Transaction ID: SB17.29390
В.	Verizon CA					Date of Disbursement
	Mailing Address PO Box 30001					$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix}$
	City		State	Zip Code		Amount of Each Disbursement this Period
	Inglewood	(	CA	90313		05.70
	Purpose of Disbursement utilities					35.72
	Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	2006 General		
	State: District:		` '	<i>,</i> , •		
_	Full Name (Last, First, Middle Initial)					Transaction ID: SB17.29363
C.	Verizon Wireless					Date of Disbursement
	Mailing Address PO Box 4001					$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O & G \\ Z & O & O & G \end{smallmatrix} \end{bmatrix}$
	City Inglewood		State CA	Zip Code 90313		Amount of Each Disbursement this Period
	Purpose of Disbursement utilities					78.14  Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser X	ment For: Primary Other (spe	2006 General		
	State: District:					
s	UBTOTAL of Disbursements This Page	(optional)				153.26

## SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 30/37 Use seperate schedule(s) (check only one) 17 18 19b 20a 20b 20c 21

ITEMIZED DISBURSEMENTS for each category of the **Detailed Summary Page** Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Friends of Lois Capps Full Name (Last, First, Middle Initial) Transaction ID: SB17.29393 Verizon Wireless Date of Disbursement o<sup>™</sup> 4 28 2006 Mailing Address PO Box 4001 City State Zip Code Amount of Each Disbursement this Period Inglewood CA 90313 190.00 Purpose of Disbursement utilities Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2006 House X Primary Senate General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB17.29361 Victor the Florist Date of Disbursement o<sup>M</sup>4 0 1 2006 Mailing Address 135 E Anapamu Street City State Zip Code Amount of Each Disbursement this Period 93101 Santa Barbara CA 142.02 Purpose of Disbursement flowers Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: 2006 House Disbursement For: Senate X Primary General President Other (specify) District: State:

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	332.02
TOTAL This Period (last page this line number only)	<b>•</b>	41682.52

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State:

## SCHEDULE B (FEC Form 3 )

District:

FOR LINE NUMBER: PAGE 31 / 37 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Friends of Lois Capps Full Name (Last, First, Middle Initial) Transaction ID: SB20B.29399 SAN LUIS OBISPO CITY POLICE AND FIRE ASSOC. Date of Disbursement o<sup>™</sup>4 28 2006 Mailing Address PO Box 14751 City State Zip Code Amount of Each Disbursement this Period San Luis Obispo CA 93406 250.00 Purpose of Disbursement contribution refund Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2006 House Senate X Primary General President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<b>•</b>	250.00

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ĹĹ	17 18 19a 19b 20a 20b 20c X 21
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Friends of Lois Capps			
Full Name (Last, First, Middle Initial)  A. COMMITTEE TO BRING BACK BARON			Transaction ID: SB21.29418  Date of Disbursement
Mailing Address PO BOX 1071			$\begin{bmatrix} \begin{smallmatrix} M \\ D \\ D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ D \\ D \\ D \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ D \\ D \\ D \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ D \\ D \\ D \\ D \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ $
City SEYMOUR	State Zip Code IN 47274		Amount of Each Disbursement this Period
Purpose of Disbursement contribution			1000.00  Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	rsement For: 2006  X Primary General Other (specify)		
State: IN District: 09			
Full Name (Last, First, Middle Initial) <b>B.</b> Democratic Service Club			Transaction ID: SB21.29391 Date of Disbursement
Mailing Address PO Box 1478			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ & Z & O & O & G \end{bmatrix}$
City Santa Barbara	State Zip Code CA 93102		Amount of Each Disbursement this Period
Purpose of Disbursement membership			25.00  Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President	rsement For: 2006  X Primary General  Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)  C. FRANCINE BUSBY FOR CONGRESS			<b>Transaction ID:</b> SB21.29417 Date of Disbursement
Mailing Address 783 CALLE DE SOTO			$ \begin{bmatrix} M & M \\ 0 & 5 \end{bmatrix} \begin{bmatrix} D & D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City SAN MARCOS	State Zip Code CA 92078		Amount of Each Disbursement this Period
Purpose of Disbursement contribution		• •	1000.00  Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	rsement For: 2006  X Primary General Other (specify)		
State: CA District: 50			
SUBTOTAL of Disbursements This Page (optional	al)	<u></u>	2025.00
TOTAL This Period (last page this line number or	ıly)		

SCHEDULE B (FEC FOIIII 3	Use seperate schedule(s)	NE NUMBER: PAGE 33 / 37
ITEMIZED DISBURSEMENT	Detailed Summary Page	17 18 19a 19b 20a 20b 20c X 21
	and Statements may not be sold or used by any perso g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Friends of Lois Capps	, , , , , , , , , , , , , , , , , , ,	
A. Full Name (Last, First, Middle Initial) Janet Wolf for Supervisor  Mailing Address P.O. Box 877		Transaction ID: SB21.29529 Date of Disbursement  M 4 M / D 2 B / Y 2 0 0 6 Y
City Goleta	State Zip Code CA 93116	Amount of Each Disbursement this Period
Purpose of Disbursement Pacific Sun Productions in-kind Candidate Name  Office Sought: House	Category/ Type  Disbursement For: 2006	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM]
State: St	X Primary General Other (specify)	Transaction ID: CD01 20520
B. Janet Wolf for Supervisor  Mailing Address P.O. Box 877		Transaction ID: SB21.29530  Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Goleta Purpose of Disbursement Cox Media in-kind ad buy, see line 17 Candidate Name	State Zip Code CA 93116  Category/ Type	Amount of Each Disbursement this Period  1700.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: 2006  X Primary General Other (specify)	[MEMO ITEM]
Full Name (Last, First, Middle Initial)  C. Janet Wolf for Supervisor		Transaction ID: SB21.29531 Date of Disbursement
Mailing Address P.O. Box 877		05  10  2006
City Goleta	State Zip Code CA 93116	Amount of Each Disbursement this Period
Purpose of Disbursement Precision Printing, in-kind mailing Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:  House Senate President State:  District:	Disbursement For: 2006  X Primary General  Other (specify)	[MEMO ITEM]
	(optional)	0.00
	mber only)	

31	CHEDOLE B (FEC FOIIII 3	) Use sepe	erate schedule(s)		NUMBER: PAGE 34/37
IT	EMIZED DISBURSEMENT	for each o	category of the Category Page	(check onl	y one) 17
	y Information copied from such Reports a for commercial purposes, other than using				
$\rangle$	NAME OF COMMITTEE (In Full) Friends of Lois Capps				
Α.	Full Name (Last, First, Middle Initial) Janet Wolf for Supervisor  Mailing Address P.O. Box 877				Transaction ID: SB21.29532 Date of Disbursement  O 5 M / D D / Y Y Y O O 6
	City Goleta Purpose of Disbursement	State CA	Zip Code 93116		Amount of Each Disbursement this Period 681.31
	American Direct Mail, in-kind mailing  Candidate Name  Office Sought: House Senate President  State: District:	Disbursement For:  X Primary Other (spec	2006 General	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
В.	Full Name (Last, First, Middle Initial) Janet Wolf for Supervisor  Mailing Address P.O. Box 877				Transaction ID: SB21.29533 Date of Disbursement  O 5 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Goleta Purpose of Disbursement KEYT, in-kind ad buy see line 17 Candidate Name	State CA	Zip Code 93116	Category/ Type	Amount of Each Disbursement this Period  1825.38  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  Senate President  State:  District:	Disbursement For:  X Primary Other (spec	2006 General	Турс	[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Janet Wolf for Supervisor				Transaction ID: SB21.29534 Date of Disbursement
	Mailing Address P.O. Box 877				05 12 7 2006
	City Goleta	State CA	Zip Code 93116		Amount of Each Disbursement this Period
	Purpose of Disbursement American Direct Mail, in-kind mailing Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  Senate  President  State:  District:	Disbursement For:  X Primary Other (spec	2006 General		[MEMO ITEM]
s	UBTOTAL of Disbursements This Page (	optional)		<b>&gt;</b>	0.00
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	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: y one)	PAGE 35/37
		Detailed Summary Page		20a 20b 2	19a 19b 20c X 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
$\rangle$	NAME OF COMMITTEE (In Full) Friends of Lois Capps				
Α.	Full Name (Last, First, Middle Initial) JILL DERBY FOR CONGRESS			Transaction ID: SB2 Date of Disbursement	
	Mailing Address PO BOX 1901			05 12	2006
		State Zip Code NV 89423		Amount of Each Disbu	
	Purpose of Disbursement contribution  Candidate Name		Category/	Refund or Disposa Contributions Req 11 C.F.R. 400.53	1000.00 al of Excess uired Under
	• -	ement For: 2006 Primary General Other (specify)	Туре	11 O.I .N. 400.55	
В.	Full Name (Last, First, Middle Initial) LOIS MURPHY FOR CONGRESS			Transaction ID: SB2 Date of Disbursement	
	Mailing Address P.O. Box 312			0 5 1 2	2006
	•	State Zip Code PA 19072		Amount of Each Disbu	
	Purpose of Disbursement contribution  Candidate Name		Category/ Type	Refund or Disposa Contributions Req 11 C.F.R. 400.53	
	· —	ement For: 2006 Primary General Other (specify)			
C.	Full Name (Last, First, Middle Initial) Lucas for Congress Commitee			Transaction ID: SB2 Date of Disbursement	t
	Mailing Address 3109 Airline Blvd.			05 12	Ž 0 0 6 Y
		State Zip Code VA 23701		Amount of Each Disbu	ursement this Period
	Purpose of Disbursement contribution		Refund or Disposa	1000.00	
	Candidate Name		Category/ Type	Contributions Req 11 C.F.R. 400.53	uired Under
		ement For: 2006 Primary General Other (specify)			
s	UBTOTAL of Disbursements This Page (optional)				3000.00
	OTAL This Period (last page this line number only)				

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State:

## SCHEDULE B (FEC Form 3 )

District:

FOR LINE NUMBER: PAGE 36/37 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Friends of Lois Capps Full Name (Last, First, Middle Initial) Transaction ID: SB21.29394 Santa Maria Vly Chamber of Commerce Date of Disbursement o<sup>™</sup>4 28 2006 Mailing Address 614 S. Broadway City State Zip Code Amount of Each Disbursement this Period Santa Maria CA 93454 190.00 Purpose of Disbursement membership dues Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2006 House Senate X Primary General President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	190.00
SOBIOTAL OF DISDUISEMENTS THIS Fage (Optional)	
	 5015.00
TOTAL This Period (last page this line number only)	5215.00

## SCHEDULE D (FEC Form 3 ) **DEBTS AND OBLIGATIONS** E

(Use separate schedule(s)

PAGE 37 / 37 FOR LINE NUMBER:

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excluding Loans		numbe	each red line)	(check only one)	X 9 10	
NAME OF COMMITTEE (In Full) Friends of Lois Capps						
		1				
				ebt (Purpose): n for Unauth. res		
City State Boise ID	ZIP Code 83702					
Outstanding Balance Beginning This Period			Trar	nsaction ID: SD9.227	'25	
138000.00						
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period			
0.00	2500.0	00		135	5500.00	
1) SUBTOTALS This Period This Page (optional).		<b>•</b>		135500.	00	
2) TOTALS This Period (last page this line number	only)	<u></u> >	1 1	135500.	00	
3) TOTALS OUTSTANDING LOANS from Sched	ule C (last page only)	····· <b>&gt;</b>				
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page on	ıly) ►				